

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36736

STATE FILE NUMBER

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 46

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) New Madrid				c. CITY OR TOWN New Madrid			
c. FULL NAME OF (If NOT in hospital, give location) Home				d. STREET ADDRESS (If outside, give location) Vanderbenter St.			
3. NAME OF DECEASED (Type or print) Mollie Pointer				4. DATE OF DEATH Oct. 20, 1957			
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Oct. 15, 1878	
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (City and state or country) Hollie Springs, Miss		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Pointer				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None				16. SOCIAL SECURITY NO. None		17. INFORMANT Will Pointer, Sikeston, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) No Medical Attendant, by all records, DUE TO (b) death was due to being burned in home DUE TO (c) 9160 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 16							
20a. ACCIDENT <input checked="" type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) House was destroyed by fire, the above was in	
20c. TIME OF INJURY Hour 11 Month 10 Day 20 Year 1957 a. m. 00 p. m. 00		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) In Home		20f. CITY, TOWN, OR LOCATION New Madrid New Madrid Missouri	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>W. H. Sedgwick</i> (Degree or title) 3				22b. ADDRESS New Madrid, Missouri		22c. DATE SIGNED 21 Oct. 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 21 Oct. 57		23c. NAME OF CEMETERY OR CREMATORY Sandhill Cemetery		23d. LOCATION (City, town, or county) (State) New Madrid, Missouri	
24. FUNERAL DIRECTOR Richards Undertaking Co. Mo.				25. DATE RECD. BY LOCAL REG. 21 Oct 57		26. REGISTRAR'S SIGNATURE <i>W. H. Sedgwick</i>	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED OCT 23 1957
NEW MADRID CO. HEALTH CENTER

P. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Tommy L. Doherty
Licensed Embalmer No. 4886

P. O. Address New Madrid

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.